

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Lisa Ferrick				
Street Address		3030 Clark Road				
City	Erie	State	PA	Zip Code	16510	

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/07/2017		Year	2017		Amendment Report	Termination Report
							<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
	10/24/2017	11/27/2017
A. Amount Brought Forward From Last Report	\$	2,157.59
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	4,024.14
C. Total Funds Available (Sum of Lines A and B)	\$	6,181.73
D. Total Expenditures (From Schedule III)	\$	6,181.73
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-0-
F. Value of In-Kind Contributions Received (From Schedule II)	\$	28.00
G. Unpaid Debts and Obligations (From Schedule IV)	\$	17,074.14

For Office Use Only

2017 DEC -7 PM 1:02
ERIE COUNTY
VOTER REGISTRATION
TF

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

day of December 20 17

Signature of Person Submitting report
Lynne A. Mowris
Printed Name
814
Area Code
8231591
Daytime Telephone Number

Signature of Person Submitting report
Lynne A. Mowris
Printed Name
814
Area Code
8231591
Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

day of December 20 17

Signature of Candidate
Lisa Ferrick
Printed Name
814
Area Code
873-8091
Daytime Telephone Number

Signature of Candidate
Lisa Ferrick
Printed Name
814
Area Code
873-8091
Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts—\$ 50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	50.00
2. Contributions of \$ 50.01 to \$ 250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	— 0 —
All Other Contributions (Part B)		\$	200.00
Total for the reporting period	(2)	\$	200.00
3. Contributions Over \$ 250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	— 0 —
All Other Contributions (Part D)		\$	3,774.14
Total for the reporting period	(3)	\$	3,774.14
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	— 0 —
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	4,024.14

PART A **Contributions Received From Political Committees**

\$ 50.01 TO \$ 250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$ 50.01 TO \$ 250.00 in the reporting period.

Filer Identification Number												
Amount												
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$				
House #		Street Address				Date [MM/DD/YYYY]		\$				
City		State			Zip Code		Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$				
House #		Street Address				Date [MM/DD/YYYY]		\$				
City		State			Zip Code		Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$				
House #		Street Address				Date [MM/DD/YYYY]		\$				
City		State			Zip Code		Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$				
House #		Street Address				Date [MM/DD/YYYY]		\$				
City		State			Zip Code		Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$				
House #		Street Address				Date [MM/DD/YYYY]		\$				
City		State			Zip Code		Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$				
House #		Street Address				Date [MM/DD/YYYY]		\$				
City		State			Zip Code		Date [MM/DD/YYYY]		\$			

PART B
All Other Contributions

\$ 50.01 TO \$ 250

Use this Part to itemize all other contributions with an aggregate value from
\$ 50.01 TO \$ 250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:									
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Brian + Rebeka Seelinger					10/25/2017		\$	100.00
House #	Street Address		Date [MM/DD/YYYY]		\$			
4640	Wolf Road				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Erie	PA	16505			\$			

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Laura L. Merritt					10/26/2017		\$	100.00
House #	Street Address		Date [MM/DD/YYYY]		\$			
6185	Firman Road				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Erie	PA	16510			\$			

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
							\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
					\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
					\$			

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
							\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
					\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
					\$			

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
							\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
					\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
					\$			

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
							\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
					\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
					\$			

PART C
Contributions Received From Political Committees
 Over \$ 250.00

Use this Part to itemize only contributions received from Political Committees
 with an aggregate value over \$ 250.00 in the reporting period.

Filer Identification Number:									
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Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$		
House #					Street Address		Date [MM/DD/YYYY]		\$
City					State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$		
House #					Street Address		Date [MM/DD/YYYY]		\$
City					State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$		
House #					Street Address		Date [MM/DD/YYYY]		\$
City					State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$		
House #					Street Address		Date [MM/DD/YYYY]		\$
City					State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$		
House #					Street Address		Date [MM/DD/YYYY]		\$
City					State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$		
House #					Street Address		Date [MM/DD/YYYY]		\$
City					State		Zip Code		Date [MM/DD/YYYY]

PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Arthur G. Strie					10/30/2017		\$	2,500.00
House #	Street Address		Date [MM/DD/YYYY]		\$			
149	Belle Avenue				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Boalsburg	PA	16827			\$			
Employer Name			Occupation					
Penn State University			Retired					
Employer Mailing Address / Principal Place of Business			University Park, PA					
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Lisa R. Fernick					11/03/2017		\$	300.00
House #	Street Address		Date [MM/DD/YYYY]		\$			
3030	Clark Road		11/27/2017		\$	324.14		
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Erie	PA	16510			\$			
Employer Name			Occupation					
currently unemployed			Attorney					
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Alyson Cohen					11/06/2017		\$	650.00
House #	Street Address		Date [MM/DD/YYYY]		\$			
5861	Emily Road				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Bettendorf	IA	52722			\$			
Employer Name			Occupation					
DR Moline Inc.			self-employed					
Employer Mailing Address / Principal Place of Business			5861 Emily Road Bettendorf, IA 52722					
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
							\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
					\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
					\$			
Employer Name			Occupation					
Employer Mailing Address / Principal Place of Business								

PART E
Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	
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Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description									

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 28.00

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ -0-

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ -0-

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 28.00
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**SCHEDULE II
PART F**

In-Kind Contributions Received

VALUE OF \$ 50.01 TO \$ 250

Filer Identification Number:

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$ 250

Filer Identification Number:

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:							
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To Whom Paid		Printing Concepts Inc.			Date [MM/DD/YYYY]	\$	753.21
House #	4982	Street Address	Pacific Avenue		Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	postage for 1 st mailers check #129	

To Whom Paid		Printing Concepts Inc.			Date [MM/DD/YYYY]	\$	3,362.05
House #	4982	Street Address	Pacific Avenue		Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	postage for and printing check of second mailers #130	

To Whom Paid		Printing Concepts Inc.			Date [MM/DD/YYYY]	\$	917.32
House #	4982	Street Address	Pacific Avenue		Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	printing of 1 st mailers check #131	

To Whom Paid		PayPal			Date [MM/DD/YYYY]	\$	19.15
House #	2211	Street Address	North First Street		Description of Expenditure		
City	San Jose	State	CA	Zip Code	95131	PayPal Account fees	

To Whom Paid		Alec Chase			Date [MM/DD/YYYY]	\$	650.00
House #	3066	Street Address	South Wozniak Road		Description of Expenditure		
City	LaPorte	State	IN	Zip Code	46350	campaign website check #132	

To Whom Paid		The Tri-State Senior News			Date [MM/DD/YYYY]	\$	480.00
House #		Street Address	P.O. Box 3056		Description of Expenditure		
City	Erie	State	PA	Zip Code	16508	October newspaper ad check #133	

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:

Name of Creditor		Lisa R. Ferrick				Outstanding Balance of Debt	
House #	3030	Street Address	Clark Road	DATE DEBT INCURRED [MM/DD/YYYY]		\$	2,500.00
				02/01/2017			
City	Erie	State	PA	Zip Code	16510		
Description of Debt Loan to committee for campaign purposes							
Name of Creditor		Lisa R. Ferrick				Outstanding Balance of Debt	
House #	3030	Street Address	Clark Road	DATE DEBT INCURRED [MM/DD/YYYY]		\$	3,000.00
				04/05/2017			
City	Erie	State	PA	Zip Code	16510		
Description of Debt Loan to committee for campaign purposes							
Name of Creditor		Lisa R. Ferrick				Outstanding Balance of Debt	
House #	3030	Street Address	Clark Road	DATE DEBT INCURRED [MM/DD/YYYY]		\$	2,000.00
				04/13/2017			
City	Erie	State	PA	Zip Code	16510		
Description of Debt Loan to committee for campaign purposes							
Name of Creditor		Timothy & Lisa Ferrick				Outstanding Balance of Debt	
House #	3030	Street Address	Clark Road	DATE DEBT INCURRED [MM/DD/YYYY]		\$	2,000.00
				05/03/2017			
City	Erie	State	PA	Zip Code	16510		
Description of Debt Loan to committee for campaign purposes							
Name of Creditor		Timothy & Lisa Ferrick				Outstanding Balance of Debt	
House #	3030	Street Address	Clark Road	DATE DEBT INCURRED [MM/DD/YYYY]		\$	1,950.00
				05/10/2017			
City	Erie	State	PA	Zip Code	16510		
Description of Debt Loan to committee for campaign purposes							
Name of Creditor		Lisa R. Ferrick				Outstanding Balance of Debt	
House #	3030	Street Address	Clark Road	DATE DEBT INCURRED [MM/DD/YYYY]		\$	3,000.00
				05/24/2017			
City	Erie	State	PA	Zip Code	16510		
Description of Debt Loan to committee for campaign purposes							

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:									
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Name of Creditor							Outstanding Balance of Debt		
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	2,000.00		
3030	Clark Road	10/03/2017							
City	Erie	State	PA	Zip Code	16510				
Description of Debt									
Loan to committee for campaign purposes									

Name of Creditor							Outstanding Balance of Debt		
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	300.00		
3030	Clark Road	11/03/2017							
City	Erie	State	PA	Zip Code	16510				
Description of Debt									
Loan to committee for campaign purposes									

Name of Creditor							Outstanding Balance of Debt		
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	324.14		
3030	Clark Road	11/27/2017							
City	Erie	State	PA	Zip Code	16510				
Description of Debt									
Loan to committee for campaign purposes									

Name of Creditor							Outstanding Balance of Debt		
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$			
City		State		Zip Code					
Description of Debt									

Name of Creditor							Outstanding Balance of Debt		
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$			
City		State		Zip Code					
Description of Debt									

Name of Creditor							Outstanding Balance of Debt		
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$			
City		State		Zip Code					
Description of Debt									